

ALLOWANCE HOT LIST

Appl. No. _____
Examiner-TC

Examiner-TC

Brevard

Prepared by

Date _____

RLY

8-18-OK

JACKET:

~~YES~~ NO Primary Examiner box complete.

~~YES~~ NO Issuing Classification complete.

PTO-892/1449:

~~YES~~ NO Examiner's initials or cross-through lines supplied for each item cited by applicant.

YES **NO** Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

☒ YES ☐ NO Brief Description of Drawings includes description of each figure in drawings.

YES	NO	Does description of drawings include:
YES	NO	Continuing data is mentioned in 1 st paragraph. (Can be an insert.)

CLAIMS:

~~YES~~ ~~NO~~ Claims listed on Notice of Allowability match allowed claims and/or index of claims.

~~YES~~ NO Claims correctly numbered in index.

(No duplicate or missing claim numbers.)

(No incorrect dependencies.)

CRFE:

YES **NO** If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

~~YES~~ NO Either Box No. 3 (drawings accepted) or Box No. ~~8~~ (corrected drawing request) has been checked.